

## HAWAII COMMUNITY DEVELOPMENT AUTHORITY

677 Ala Moana Boulevard, Suite 1001 Honolulu, Hawaii 96813 Telephone: 808.587.2870 e-mail: contact@hcdaweb.org



Web site: http://www.hcdaweb.org

## APPLICATION & PERMIT FOR USE AT THE EHIME MARU MEMORIAL

Please Print

| Today's Date:  |   |   |
|--|---|---|
| Name of Organization:  |   |   |
| Kind of Activity:  |   |   |
| Date of Use:   | From:   | to:   |
| Number of People Expected: (students)  | (adults)  | (total):  |
| READ CAREFULLY:  |   |   |
| All permits are subject to cancellation by the Hawaii Co terms, or unforeseen facility closure. Charging admission prior written permission has been obtained from the Hawaii Co   | on, taking a collection or sale of go   | or State Parks due to scheduling conflicts, violation of permit<br>ods, or drinking of alcoholic beverages are prohibited unless<br>nority.   |
| RESPONSIBILITY FOR DAMAGES AND L   | IABILITY  |   |
| persons or organizations to whom such permits are issue<br>facilities under such permit. In addition, persons or orga<br>hereby voluntarily release, remise and forever discharge<br>Natural Resources, and the State of Hawaii, from and on | ed shall be liable for loss, damages<br>anizations to whom this permit is is<br>e the Hawaii Community Develop<br>account of any and all claims, acti | the rules and regulations of the Authority and State law, and or injury to persons or property resulting from use of public stued, in consideration of a permit being issued to them, shall ment Authority, State Parks of the Department of Land and ons, causes of action, liability, liabilities, costs, expenses and podily injury which may be sustained by participating in any |
|  |   | damage or personal injury, or both, be reported promptly to<br>se should be relied upon to cover all medical costs incurred   |
| I have read and understand the conditions of the   | his permit as stated above an   | d accept the responsibilities stated therein:   |
| Applicant:(signature)  | Title:  |   |
| (signature)<br>Address:  |   | (Home):   |

NOTE TO APPLICANT: PLEASE  $\underline{FAX}$  THIS FORM BACK TO THE HCDA OFFICE AT 587-8150

(Office): \_

## INSTRUCTIONS FOR EHIME MARU MEMORIAL PERMIT APPLICATION

- 1. Complete application form and fax (587-8150) or mail to HCDA office at 677 Ala Moana Blvd., Suite 1001, Honolulu, Hawaii 96813.
- 2. Call the HCDA office at 587-2870 to ensure availability of Ehime Maru Memorial space on your requested date and time.
- 3. If you are planning an event for a large group (over 100 people) or an elaborate ceremony, additional requirements may apply (such as certificates of liability insurance, etc.). Please notify Gayle Ito at the HCDA office at 587-2870.